

COMMONWEALTH OF KENTUCKY

KENTUCKY STATE BOARD OF EXAMINERS AND
REGISTRATION OF LANDSCAPE ARCHITECTS

2624 Research Park Drive, Suite 106

Lexington, KY 40511

Phone: (859) 246 - 2753

FAX: (859) 246 - 2754

Email: Ky.labd@ky.gov

APPLICATION FOR REGISTRATION
TO PRACTICE PROFESSIONAL LANDSCAPE
ARCHITECTURE*All information requested on this form must be typewritten or printed in ink.*

I hereby apply for registration in the state of Kentucky under the section checked below and on the basis of the lawfully required information shown herein.

Check method 1 or 2 below:

METHOD

REQUIREMENTS

☐ I \$ 100.00

1. 21 years of age.
2. Graduate of accredited landscape architecture curriculum approved by the Board.
3. At least 2 years of professional landscape architectural experience satisfactory to the Board.
4. Satisfactorily pass examination as prescribed by the Board.
5. Attach fee to application in accordance with enclosed schedule.
6. Enclose nonrefundable check or money order payable to: KY Landscape Architectural Board.

☐ II \$ 250.00

1. Any person who is a licensed landscape architect in another state or country where the qualifications prescribed at the time of licensing were, in the opinion of the Board, equal to those prescribed by Kentucky at the date of application may be registered by reciprocity.
2. Attach fee to application in accordance with enclosed schedule.
3. Enclose nonrefundable check or money order payable to: KY Landscape Architecture Board.

I. PERSONAL DATA

1. Full Name (or as you wish it on Certificate of Registration)

(First)

(Middle)

(Last)

2. Company Name

3. Business Address
- ☐

(Street and Number)

(City)

(State)

(Zip)

(Business Phone)

4. Residence Address
- ☐

(Street and Number)

(City)

(State)

(Zip)

(Home Phone)

Check box for the address you wish the board to use.

5. Date of Birth

6. Soc. Sec. No.

7. Email Address

*Securely affix a photograph
taken within the last 30 days.*

*Face must be a minimum of
three-quarters of an inch wide.*

6. Citizen of _____ . 7. If not a U.S. Citizen, have you made a declaration to become one? _____
(State or Foreign Country) (Yes or No)

8. Are you credentialed (license, registration, etc.) as a Professional Landscape Architect in Kentucky or elsewhere? _____
If yes, list all below: (Yes or No)

Name of State or Country	Basis *	Credential Date	Credential No.	Expiration Date	Credential Status **

* Indicate examination basis as: W—Written, O—Oral, EE—Education and Experience, R—Reciprocity, GF—Grandfather Clause.
If written, indicate date(s) when taken.

** Please indicate if your credential is in good standing. If not, please explain completely (use separate sheet of paper if necessary).

9. Are you now a resident of Kentucky? _____ If yes, how many years? _____
(Yes or No)

10. Names of technical or professional organizations to which you belong.

11. Have you ever been refused a credential or had a revocation or other disciplinary proceedings filed against you? _____ If yes, explain
(Yes or No)

12. Have you ever been convicted of a felony? _____ If yes, explain _____
(Yes or No)

13. Have you been adjudged mentally incompetent by a court of competent jurisdiction? _____ If yes, explain
(Yes or No)

II. EDUCATION AND EXPERIENCE

1. SUPERVISED EDUCATION

High School or Preparatory Education	Name of Institution	Years Attended		Date of Graduation	Course Completed or Degree Conferred†
		From	To		
College or University					

† Applicants for original registration should have transcript mailed directly to Board by College or University.

2. UNSUPERVISED EDUCATION—Home Study, Correspondence School

3. EXPERIENCE—Begin with current position at the top and list all relevant positions. Show all periods of work, school, military, and other engagements in chronological order.

Date From and To	TITLE OF POSITION, EMPLOYER, CHARACTER, AND DEGREE OF RESPONSIBILITY IN EACH ENGAGEMENT. INCLUDE NATURE OF EMPLOYER'S BUSINESS (Describe key work features even if other material is attached.)	Time (Years and Months)			Name and address (with zip code) of direct supervisor or other person (not deceased) familiar with your work.
		As Subordinate	In Responsible Charge	Total Time	
Note—Furnish additional information on education or experience on extra 8½ x 11 sheets if necessary.		Total Summarized by Applicant			Date
Signature of Applicant		Total as verified by Board			

III. REFERENCES

List below at least five (5) individuals who are not relatives, three (3) of whom shall be credentialed Professional Landscape Architects, to whom the Board may apply for information in regard to your character and professional ability.

Name	Address (Include zip code)	Occupation	Business Relation to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This application must be received by the Registration Board **no later than February 1** to be considered for the June examination, **or no later than August 1** to be considered for the December examination.

PLEDGE

I do hereby certify that I have read and familiarized myself with the provisions of KRS Chapter 323A and 201 KAR Chapter 10 and do hereby subscribe to and agree to abide by the provisions therein.

Signature of Applicant

AFFIDAVIT

(To be made before a Notary Public, or other official qualified by law to administer oaths.)

STATE OF _____, COUNTY OF _____, ss.

On this _____ day of _____ 20 _____, before me personally appeared

known to me to be the person herein described, and signed the foregoing form of application, and on oath swears (or affirms) that all the statements herein made are true to the best of his/her knowledge and belief.

Notary

NOTARY SEAL

My Commision Expires: _____